

Traumatic Brain Injury Registry Referral Form

Arkansas Statute 20-14-703 requires that every public and private health agency, public and private social agency, and attending physician report persons who have sustained a Moderate-to-Severe brain injury to the Brain Injury Alliance of Arkansas (BIAA) within five (5) days of injury identification or diagnosis. The BIAA has signed an agreement with the Arkansas Spinal Cord Commission (ASCC) Trauma Rehabilitation Program to assume responsibility for the Traumatic Brain Injury Registry. **Send referrals by email to atrp.referral@arkansas.gov or fax to (501) 296-1787.**

PATIENT / CLIENT REFERRAL INFORMATION

REPORT ALL INFORMATION BELOW WITHIN FIVE (5) DAYS OF INJURY IDENTIFICATION OR DIAGNOSIS

Referral Date _____ SURVIVE TO ACUTE ☐ YES ☐ NO

Trauma Band Number _____ Payor Source: _____

Last Name _____ First Name _____ M. I. _____

Address _____ City, State _____

Zip Code _____ County _____ Phone _____

Date of Birth _____ Gender _____ Race _____ Hispanic _____

Primary Contact/Legal Guardian: _____ P.C. Phone _____

Relationship _____ Date TBI Packet Given _____

Reporting Facility _____ Reporter Name _____

Reporter Phone _____ Reporter E-mail: _____

Date of Injury _____ Time _____ E-Code Location _____

Injury County _____ ETOH/Drug _____ Etiology/Cause _____

Injury (Check all that apply): ☐ Accidental ☐ Intentional ☐ Self-Inflicted ☐ Inflicted By Other

Position _____ Protection _____

Date of Admission _____ Date Brain Injury Identified _____

ALL INFORMATION BELOW MUST BE COMPLETED BY DATE OF DISCHARGE.

BRAIN INJURY INFORMATION **A BRAIN INJURY MUST BE REPORTED TO THE TBI REGISTRY IF GLASGOW COMA SCORE IS 12 OR BELOW FOR ADULTS OR 13 OR BELOW FOR PEDIATRIC PATIENTS. DO NOT REPORT IF THE (ADULT) GLASGOW SCORE IS 13 OR ABOVE, THE PATIENT IS NOT AN ARKANSAS RESIDENT, OR THE INJURY IS NOT THE RESULT OF A TRAUMATIC INJURY.**

TBI: ☐ Open ☐ Closed Glasgow Coma Scale Scores: admit _____ discharge _____

Altered Sensorium: ☐ Yes ☐ No Ventilator: ☐ Yes ☐ No

ICD-09 Codes: ☐ 800 ☐ 801 ☐ 803 ☐ 804 ☐ 850 ☐ 851 ☐ 852 ☐ 854

Discharge Disposition: _____ Discharge Date: _____

If discharged to another acute or rehab, please specify the facility: _____

SPINAL CORD INJURY INFORMATION **IF THE INDIVIDUAL ALSO SUSTAINED A SPINAL CORD INJURY, THAT INJURY MUST BE REPORTED IF 3 OUT OF 4 OF THE FOLLOWING DEFICITS ARE PRESENT.**

Deficits: Sensory: ☐ Yes ☐ No Motor: ☐ Yes ☐ No Bowel: ☐ Yes ☐ No Bladder: ☐ Yes ☐ No

Para/Quad Level: _____ ICD-09 Codes: ☐ 342 ☐ 344 ☐ 806 ☐ 952 Ventilator: ☐ Yes ☐ No

Loss of motor and/or sensory function below zone of injury: ☐ Complete ☐ Incomplete ☐ Unknown